

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

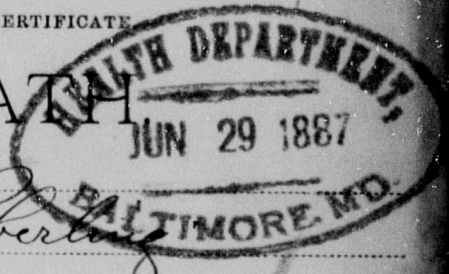
For completion of this certificate, the physician is respectfully invited to fill in the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 751 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, June 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Eberling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, White Years, 1 Months, ✓ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bath

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 1105 Cockey St Locust Point

Cause of Death, { First (Primary), Second (Immediate), } Spasm

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Evangelical cem

Date of Burial, June 30 1887

Undertaker, J. Sander Medical Attendant, John A. Schultz M. D.

Place of Business, 70 Canton St Address, 3 E. R. Lough, Edm

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 52 Office of Registrar of Vital Statistics. Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie A. Bauer.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 10 Years, 10 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 531 E. Monument St

Cause of Death, { First (Primary), Second (Immediate), } Enterocolitis
Edema Lungs

Duration of Last Sickness, About 1 Week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, June 30 87

Undertaker, H. Pink & Son M. D.

Place of Business, 915 N. Gay St Address, 715 Guent Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 53 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, June 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. A. Ruhland

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give Street and Number. } 1704 Belair av.

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, June 30th 1887

Undertaker, A. Pink & Son P. E. Dauseh M. D.

Medical Attendant.

Place of Business, 915 N. Gay St. Address, 1727 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 54 Office of Registrar of Vital Statistics. Ward 62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29, 1887

Full Name of Deceased, Leouard Wermuth
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 58 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Sailor

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 years

Place of Death, 2028 Orlean St.
{ Give Street and Number. }

Cause of Death, Atrophy Liver
General debility
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, June 30th

Undertaker, W. Dippel J. H. Hollenberg M. D.
Medical Attendant.

Place of Business, 330 S Bond Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 55* Office of Registrar of Vital Statistics. Ward *19th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 28th 1887*

Full Name of Deceased, *Lewis John F. Hermann*

Sex, Male ~~or Female~~, *Male*

Age, *7* Years, *2* Months, *2* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *Life Time*

Birth Place, *Baltimore*

Duration of Residence in the City of Baltimore, *Life Time*

Place of Death, *1505 Monmouth St*

Cause of Death, *Cholera Infantum*

Duration of Last Sickness, *About 48 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *Jan 30*

Undertaker, *Andrew Rohde*

Place of Business, *730 Pennsylvania Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 756 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Nelson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, 10 Months, Days,

Color, ed (Disseminated Care)

Married, Single, Widow or Widower, { Cross out the word not required in this line. } 626 N Caroline St

Occupation,

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Baltimore Ind

Duration of Residence in the City of Baltimore, Ten months ✓

Place of Death, { Give street and Number. } 509 N Caroline St

Cause of Death, { First, (Primary.) Brachitis Enteritis (catarrhal) }
 { Second, (Immediate,) Asphyxia }

Duration of Last Sickness, 5 days (always sick)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30 1887

Under signer of name, { Walter B Platt M. D., }
 { Ally Henry } Medical Attendant.

Place of Business, 510 Orchard St Address, 859 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 757 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Fote

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 6 Months, 0 Days.

Color, red

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 612 Baker

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 612 Baker

Cause of Death, { First (Primary), Second (Immediate), } Infection

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Cockeysville Md

Date of Burial, June 30 1887

{ Undertaker, Alex Hemmley Geo W Morris M. D. Medical Attendant.

{ Place of Business, 561 Orchard Address, 1301 Prussman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4943

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate:

Health Department, City of Baltimore.

Permit No. 758 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Howard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 14 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1007 Gibson's Court

Cause of Death, { First (Primary), Second (Immediate), } Starvation
Dysentery

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, June 30 1887

{ Undertaker, H. E.clus Boss } O. Edward Jannet M. D. Medical Attendant.

{ Place of Business, 404 Conway St } Address, 832 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

739

Office of Registrar of Vital Statistics.

Ward

11²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Francis Schieck

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

4

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto Md

Duration of Residence in the City of Baltimore,

4 mo 11 da

Place of Death,

{ Give Street and Number. }

816 Druid Hill Ave

Cause of Death,

{ First (Primary),

Second (Immediate),

Feeding Cholera Infantum

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial,

Bowie Brea

Date of Burial,

June 30th 1887

Undertaker,

John J. Andrews

Place of Business,

No 407 Druid Hills Ave

Address,

137 W Radcliff

J. A. Gilliss

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 760 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Angela Paul

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 7 Months, 7 Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 317

Place of Death, { Give Street and Number. } 317 St Paul St

Cause of Death, { First (Primary), Second (Immediate), } Enterocolitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, June 30, 1887

Undertaker, Geo. R. R. Ward M. D.

Place of Business, City of Baltimore Address, 605 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]